



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH - FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261 Phone: (858) 505-6900 • (800) 253-9933 • FAX: (858) 505-6848 • www.sdcdeh.org



MOBILE FOOD FACILITY LOCATION OF OPERATION INFORMATION

Mobile Food Facility Name: _____ Health Permit #: _____

Mailing Address: _____
Street # Street Name City Zip Code

Contact Phone #: (____) _____ Contact Cell Phone #: (____) _____ Contact Email: _____

Vehicle Identification #: _____ License Plate #: _____ Website: _____ @

Commissary Name: _____ Commissary Address: _____
Street # Street Name City Zip Code

Commissary Health Permit #: _____

For Mobile Carts and Food Trucks operating at various locations, list route stops below (attach additional sheets as necessary)

Your route information is a trade secret as defined in Civil Code sec. 3426.1 and will not be shared with the public (to be a trade secret, the information must not be generally known to the public, and you must take precautions to protect the information in your day-to-day operations.)

| STOPS | DAY(S) Please check ✓ below | | | | | | | TIME | | ADDRESS OF STOPS Street Number, Street Name, City, Zip Code (Note: If no address is available, provide the closest address to the stop) | STOP NOTES (Examples: Behind building, north side of lot) |
|--------|--------------------------------|-----|-----|-----|-----|-----|-----|-------|------|---|--|
| | Sun | Mon | Tue | Wed | Thu | Fri | Sat | FROM | TO | | |
| SAMPLE | ✓ | ✓ | | | ✓ | ✓ | | 10 AM | 1 PM | 5500 Overland, San Diego, CA 92123 | 3-hr visitor parking lot |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |

My scheduled stops can be found online at:

I understand and agree that if I make any changes to my route or business location, I must notify the Food and Housing Division (FHD) within 30 days. Revised route information may be provided by Fax: 858-505-6848, E-mail: fhdpermits@sdcounty.ca.gov, in person at 5500 Overland Avenue, San Diego, CA 92123 or by U.S. Mail to P.O. Box 129261, San Diego, CA 92112-9261, Attn: FHD Mobile Food Inspection Program. Calendar locations posted on the Internet (downloadable) are acceptable. Failure to notify FHD of any changes may result in an administrative citation, suspension or revocation of the Health Permit issued to me to operate this Mobile Food Facility.

Owner Name (Print) _____

Owner Name (Signature) _____

Date _____ / _____ / _____

MOBILE FOOD FACILITY LOCATION OF OPERATION INFORMATION (Continued)

For Mobile Carts approved to be stationed at a Single Operating Site (SOS): **Note: All locations must be within 200 ft. of approved toilet facilities.*

Name of Location: _____ Location Address: _____
Street # Street Name City Zip Code

Days of Operation: _____ Hours of Operation: _____

MOBILE FOOD TOILET FACILITIES LETTER OF AGREEMENT

This section must be completed by the Toilet Facility Owner for all Single Operating Site (SOS) facilities and all Mobile Food Facilities whose vehicles stop at one location for longer than one (1) hour. This permission letter must be renewed annually.

Mobile Food Facility Name: _____ Health Permit #: _____

The above mobile food facility has my permission to use my permanent toilet facilities. These toilet facilities include hot and cold running water, flushable toilets, and single service soap and towels in wall-mounted dispensers.

Name (Print): _____ Name (Signature): _____ Title: _____ Date: ____/____/____

Facility Name: _____

Facility Address: _____
Street # Street Name City Zip Code

Contact Phone #: (____) _____ Contact Fax #: (____) _____ Contact Email: _____@_____

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Owner Name (Print)

Owner Name (Signature)

_____/_____/_____
Date